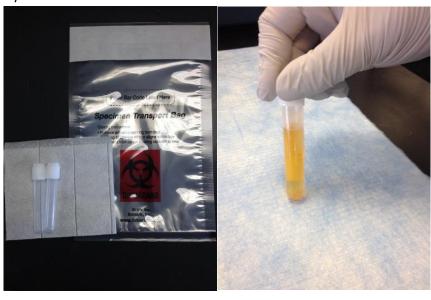
Kansas Health and Environmental Laboratories (KHEL) Zika Virus Specimen Guide

Specimen collection instructions for Zika virus testing:

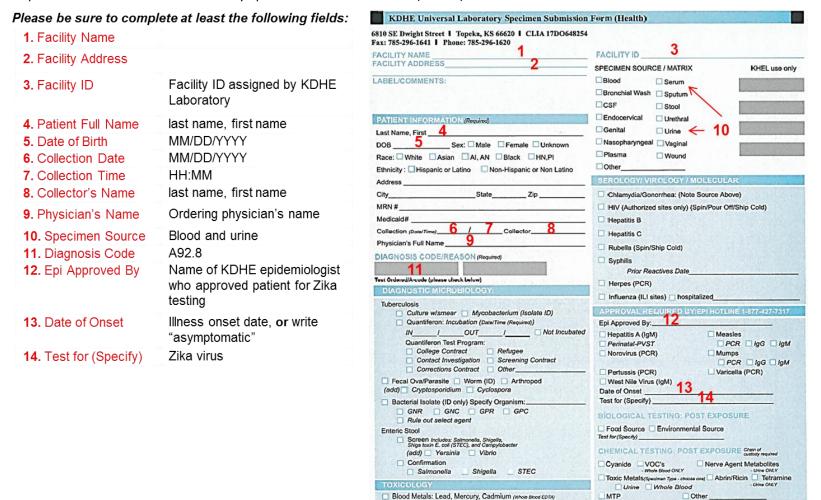
- Contact KDHE Epidemiology (877-427-7317) to request consultation and prior authorization for Zika virus testing.
- Collect a blood specimen in serum separator tube (SST). Follow manufacturer's instructions for serum processing or see below steps.
 - o Gently invert 5 times.
 - Allow blood to clot for at least 30 minutes. Centrifugation must be performed within 2 hours of collection.
 - Centrifuge for 10 minutes at 1000-1300 RCF (g) in a swinging bucket centrifuge, or 15 minutes in a fixed-angle centrifuge.
 - Remove cap and pour serum into provided or standard serum pour-off tube. Required serum volume is 2 to 5 mL.
- Urine specimens *must be submitted with a paired serum specimen*.
 - Specimens should be sent in provided or standard urine collection tube or cup pour-off tube. Required volume is 2 to 5 mL.
- Label pour-off tube with name, date of birth, barcode sticker from the KDHE Universal Laboratory Submission Form and specimen source (e.g. Serum, Urine) on each specimen tube.
- Refrigerate specimen at 2-8°C prior to shipping.
- Specimens should be received at KDHE Laboratory within 72 hours of collection.

Zika virus Specimen Shipping Instructions:

 Insert labeled tubes in absorbent sleeve and into a 95kPa specimen transport bag and seal completely.



Complete the KDHE Universal Laboratory Specimen Submission Form (Health) "Universal Form."



The "Date of Onset" and "Epi Approved By" fields can be completed by referencing the KDHE Epidemiology Zika Virus Approval Form. If that form is not available, contact KDHE at 877-427-7317.



KDHE Epidemiology Zika Virus Approval Form

(Revised 7/2016)

! Form must be filled out completely.

Patient should present this form to the laboratory along with physician's order for Zika testing

FACILITY INFORMATION		
Facility Name:		_
Provider Name:	Contact #: _	Fax #:
Address:	City:	County:
PATIENT INFORMATION		
Last Name:	First N	Name:
Date of Birth:	Phone:	Address:
City:	County:	State: Zip:
Race: □ WHITE □ BLACK □ ASIAN □ AMER INDIAN/ALA □ NATIVE HAWAIIAN		
□ SEX	AVEL Country(ies): CUAL CONTACT HER (SPECIFY):	
ILLNESS INFORMATION		
Ever symptomatic? ☐ YES — ☐ NO	➤ Illness Onset Date:	
Symptoms (check all that appl	y): □ FEVER □ RASH □ JOINT PAIN □ MYALGIA	☐ CONJUNCTIVITIS A ☐ GUILLAIN-BARRÉ SYNDROME
LABORATORY INSTRUCTIONS		
 Use this form to complete instructions on complete www.kdheks.gov/labs Packing or shipping q 	CIFY):	y at 785.296.1620.
		KDHE USE ONLY:

	KDHE USE ONLY:	
Approved by:		
Date:		
ID#:		

- Insert completed Universal Form and Epidemiology Zika Virus Approval Form into outer pouch of 95kPa specimen transport bag.
- Place bagged specimen on frozen cold pack inside Styrofoam® shipper. These can be provided by KHEL.



• Place second frozen cold pack on top of specimen transport bag.



• Add cushioning material (e.g. paper towels) to prevent shifting during shipping.



- Add Styrofoam® shipper lid and insert shipper into fiberboard Category B, Biological Substance box.
- Secure the flaps on outside of fiberboard box with tape.



- Shipping address:
 - Kansas Health and Environmental Laboratories 6810 SE Dwight Street Topeka, KS 66620
- Ship specimen overnight using courier or other transport service to ensure prompt delivery.
- Avoid shipping specimens on Friday for weekend delivery.
- For additional questions, please contact KDHE Epidemiology @ 877-427-7317.